Approved, SCAO OSM CODE: NCA

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	NOTIFICATION OF NONCOMPLIANCE AND REQUEST FOR MODIFIED ORDER	FILE NO.

In the matter of _____

1. I, _____ , make this notification as the
Name (type or print)

☐ agency. ☐ mental health professional who is supervising the individual's alternative treatment program. ☐ individual.

2. The individual who is the subject of this notification was ordered to undergo a program of alternative treatment or combined hospitalization and alternative treatment.
   - ☐ a. The 90 day order for alternative treatment has not been or will not be sufficient to prevent the individual from inflicting harm or injuries to self or others.
   - ☐ b. The one year order for alternative treatment has not been or will not be sufficient to prevent the individual from inflicting harm or injuries to self or others.
   - ☐ c. The individual is not complying with the order.
   - ☐ d. I believe that my alternative treatment program is not appropriate.

☐ 3. There remains _____ days of hospitalization under the last order. The individual needs immediate hospitalization.

4. This conclusion is based upon
   - ☐ a. my personal observation of the individual doing the following acts and saying the following things:

_____

_____

   - ☐ b. conduct and statements seen or heard by others and related to me: state the conduct and statements and the name, address, and telephone number of each witness.

_____

_____

_____

_____

☐ 5. A psychiatrist has ordered the individual to return to the hospital.

6. **I request** the court to modify its last order to direct the individual
   - ☐ a. to undergo another alternative treatment program.
   - ☐ b. to undergo hospitalization or combined hospitalization and alternative treatment, with hospitalization not to exeed _____ days.
   - ☐ c. to be transported to the hospital by a peace officer if the individual refuses to comply with the psychiatrist's order to return to the hospital.

_____ _____
Date Signature

_____ _____
Title Business address

_____ _____
Agency City, state, zip Telephone no.

Do not write below this line - For court use only

MCL 330.1475; MSA 14.800(475), MCR 5.744(B)